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Improving Lives for Generations



# Working well:

## Delivering better health outcomes for hidden workers

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# Acknowledgements

## Project Team

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- **Jo Elphick**, Marketing Director, Group Protection, LGI, Legal & General
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## Supporting Partners

- Poppy Jaman, CEO, Mental Health Alliance
- Farimah Darbyshire, Head of Programmes and External Relations, City Mental Health Alliance

## Research

- All the interviews were conducted by Caroline Millar, Associate, Tavistock Relations, who also wrote the report. She wishes to thank all the individuals whose experiences and stories lie at the heart of this report. She is grateful for their willingness to speak openly about lives, and for the insights and motivation they have given us all.



## 1. Preface

### From Poppy Jaman , OBE, former CEO of City Mental Health Alliance, CEO of MindForward Alliance

In the midst of the pandemic, it quickly became clear that the unseen workforce of the City was more at risk of both catching Covid and facing the health anxiety that came with it. These are the people who successfully and quietly kept everything running while we sheltered in our homes.

The people working in roles such as cleaning, security and maintenance, had already been the most likely to face health inequalities in our society, both physical and mental. And, because they are often not directly employed by the organisations on whose sites they work, they can fall through the cracks and don't have access to workplace health and wellbeing benefits offered to employees. There was no safety net.

Where Covid both exacerbated and shone a light on the inequity, I felt that we had an opportunity – and an obligation – to make a change. The City Mental Health Alliance UK has a commitment to workplace mental health, and as CEO I brought together visionary businesses from the CMHA membership. PwC,

Legal & General, Bank of England and the City of London Corporation together explored what was possible.

The momentum from this group has already contributed to awareness raising and businesses taking action. I very much welcome this research and thank you to the businesses for listening to the voices of this typically unseen workforce. It will make the path forward on this important cause even clearer

This work also demonstrates the power of leaders in business to protect the people within their ecosystems on whom they, rely and to address the big challenges that society faces. I have no doubt this research and the ensuing action will make a difference to not just the City, but the wider UK. And, as a CEO of a now global organisation, I am determined that we can learn from the example set by these businesses in countries around the world.

**Poppy Jaman, OBE**

Chief Executive Officer, City Mental Health Alliance



## 2. Introduction

### From Andrew Balfour, Tavistock Relationships

Cleaners and kitchen porters, builders and security guards – just some of the various roles carried out by those who make up what has been called the hidden workforce.

Tavistock Relationships, the relationship support charity, is proud to be associated with this report. And while the report may not make these individual workers more visible themselves, it will contribute to the task of making their lives, needs and hopes less hidden.

And what hard lives they are. Indeed, the majority of the people interviewed for the report spoke about the impact of the very long hours they work and the conditions under which they carry out their duties; on their physical and mental health, plus on the relationships they have with their partners, children and wider family.

Tavistock Relationships runs a low-fee psychotherapy service from the City Wellbeing Centre in London, so has a particular interest in ensuring that services are there to respond to the challenges faced by people from all backgrounds and income brackets. This report notes however that very few of those interviewed have ever accessed any sort of counselling or advice services and do not know how they would access these services if they wanted to do so. Individuals reported that they do not want to “make trouble” at work and are generally reluctant to ask for help from their employers. It is our duty to help people access such services, and to help people – and their employers – see asking for help as a positive step, rather than a drain on resources or evidence of some kind of neediness.

Reading the report, I was struck by the immense dignity of the people interviewed whose daily lives often include unimaginable strain. It is so encouraging that Legal and General have commissioned this report and have taken steps already to improve the lives of the people the report aims to better understand.

At Tavistock Relationships we very much hope that other employers will follow their lead and seek to put in place support measures that can make the lives of the people in this report, and those in similar conditions, less arduous. It’s surely important for all of us to reflect on the lives of the people who make up this hidden workforce – upon whom the majority of the population relies for essential services – to ensure that we not only better appreciate what they do for us, but strive to make their lives, their health and their relationships that bit stronger.

#### **Andrew Balfour**

Chief Executive Officer, Tavistock Relationships

## 3. Statement

### From Professor Sir Michael Marmot

The Covid pandemic held many lessons for us. An important one was recognising who we depend on to keep society working. We clapped for nurses each week in acknowledgement of their selfless devotion. But what about the drivers, the supermarket cashiers, the refuse collectors, and so many others without whom it would all collapse. One group, mostly hidden from sight, are the cleaners and security people who keep offices and other workplaces fit. Theirs is a vital enabling role. Done well, and they remain “hidden”. The nature of such jobs means they tend to be filled by people at social disadvantage of various sorts. Low pay and poor working conditions can make their situation worse. Good pay and working conditions can be a force for good health and support greater health equity.

What comes through in this report is the picture of people with difficult, stressful lives doing difficult jobs. Money, of course, is important. A shortage of

money can be both stressful and lead to families doing without necessities, particularly during a cost of living crisis. But work is more than money. Dignity and self-respect, good relationships with fellow workers and managers, being treated fairly, security, opportunities to develop are all key aspects of work that have big implications upon individuals’ health.

Difficult working conditions present challenges to the hidden workers and their managers but, as the report shows, there is much that can be done. Rather than being a source of misery and stress, this vital area of work should and can be health-enhancing. It is in all our interests that it should be so.

#### **Michael Marmot**

Director, UCL Institute of Health Equity



## 4. The origins of this report

The roots of this report go back to 2019 when Business Healthy – the City of London Corporation’s Public Health-led initiative to unite business leadership in meeting the health and wellbeing needs of City workers- together with the Greater London Authority and the Lord Mayor’s Office<sup>1</sup> convened a conference on supporting the health and wellbeing of London’s hidden workforce. The aim was to:

- Raise awareness of the vital role that the “hidden and essential” workforce plays in the functioning of business in the City of London and elsewhere;
- Identify and share examples of best practice of businesses working to promote the health and wellbeing of their workforce including the “hidden and essential” workers;
- Ensure that routine, service, and manual workers know about the free health and wellbeing services available to them and that these services are accessible at times that are convenient to shift workers.

The pandemic halted this initiative but also shone a spotlight on those workers who could not work from home and continued to go to work outside of the home, putting them at greater risk of exposure to Covid-19. In many cases these workers were those already worse off in terms of their health and wellbeing.

In November 2021 a virtual kick-off event to raise awareness and share best practice on closing the health and wellbeing gap was convened by Business Healthy, in partnership with the City Mental Health Alliance, who were instrumental in bringing key stakeholders to the table. The keynote speaker was Sir Michael Marmot of the UCL Institute of Health Equity (IHE) and author of Fair Society, Healthy Lives, and Marmot Review 10 Years On.

It was agreed that there was a need for better insight into the lived experience of the hidden workforce and this research was therefore commissioned by Legal & General.



<sup>1</sup>Mayor’s Good Work Standards and Healthy Workplace Awards

## 5. Research Summary

### Why looking after the health of essential workers matters

In buildings across the UK there is a hidden workforce keeping offices and workspaces clean, safe and secure and providing essential services to businesses. Despite the importance of their work, people in these roles are more likely than other workers to be:

- Experiencing poor physical health
- Living with long term conditions
- Diagnosed with serious illnesses later than others
- Facing poor health outcomes
- Experiencing stress, anxiety and poor mental health.

These health inequalities were starkly highlighted in the [Institute of Health Equity’s report](#) Health Equity in England: The Marmot Review 10 Years On published in 2020. It showed an increase in health inequalities and a stalling of improvements to life expectancy in the decade since the publication of the Marmot report, [Fair Society, Healthy Lives](#) in 2010. The COVID-19 pandemic motivated Legal & General to strengthen their role in reducing health inequalities through action on the social determinants of health, by partnering with the Institute of Health Equity (IHE). In 2022, with the support of Legal & General, IHE published [The Business of Health Equity: The Marmot Review for Industry](#).

Taken together these reports present important challenges to employers and to business. Promoting and supporting better health and wellbeing to ensure a better quality of life among this group of workers is not just good for the workers. It is also good for businesses and for society as a whole. Employers have the power and the ability to make a difference and, now more than ever, have a moral responsibility to act as agents of and advocates for change.

#### 5.1 Why now?

Over the last two years several forces have converged to make life even harder for these workers. While others were able to work from home during the Covid-19 pandemic, many essential workers had to travel to work on public transport despite their fear and trepidation about doing so. Some of these workers were put on furlough, but others lost their jobs and struggled to find alternative employment.

As the pandemic continued it became increasingly clear that essential workers, people on lower incomes and those from ethnic minority groups were more likely to contract Covid, to be seriously ill when they did so and to die as a result of contracting the virus. [Build Back Fairer: The COVID-19 Marmot Review](#) published in December 2020, found that inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19 and called for ‘long-term policies with equity at their heart’.

The pandemic arrived following ten years of austerity, a decade in which inequalities in health outcomes between the richest and poorest had grown dramatically. Now, in late 2022, the combination of rising costs of food and fuel, increases in rents and mortgage rates and spiralling inflation is having a direct effect on the physical and psychological wellbeing of people living on low incomes.

#### 5.2 Listening to workers and making a difference

In the summer of 2022 Legal & General commissioned Tavistock Relationships to carry out a piece of qualitative research with the aim of capturing the experiences of the hidden workforce as described by the workers themselves. The initial City of London focus emerged from the work of Xenia Koumi at Business Healthy and Poppy Jaman at the City Mental Health Alliance. The hope was that employers would be inspired by these insights to take action to address the challenges the research presented and to identify and share best practice.

The people who were interviewed and responded to the survey, spoke about their feelings on the following:

- Their jobs and workplaces
- Hours they worked
- Journeys to work
- Means of looking after themselves and their families
- Relationships with colleagues, family and others
- Home lives
- Hopes and dreams

They were keen for their voices to be heard and for their stories to be shared so that employers and others would have a better understanding of what their lives were like. They wanted their contributions to make a difference not only to their own lives but also to other people like them and to future generations of workers. Tavistock Relationships and the project team which has overseen the research is hugely grateful to them. Their dignity, courage and openness has been inspirational and humbling.

This report summarises the key themes that arose in our conversations with these workers, alongside a small survey run in a free newspaper and on social media. There are important messages for providers and commissioners of health services, for local authorities and others – but perhaps the most important messages are for employers. In light of these findings; the report therefore includes ideas and suggestions for steps that employers might consider taking to improve the health and wellbeing of their essential workers.

### 5.3 Our findings

While the experiences of the people we spoke to varied considerably depending on the types of jobs they did, the hours they worked and the particular circumstances of their home lives, a number of clear themes emerged:

#### The impact of work on physical and mental health

- The majority said that their work affects **both their physical and mental health**. Most essential workers undertake shifts of very long hours – a quarter of our sample work 11 hours or more a day. When combined with long travel times this has a direct impact on many aspects of their wellbeing; including health; eating and sleeping patterns; their ability to relax and unwind; and their relationships with friends, family and the wider community.
- Many people are **exhausted all the time**. For older people and those with caring responsibilities, particularly women, work does not stop when they get home, with domestic chores taking up several more hours. Many suffer regularly from insomnia.
- Long hours and ‘anti-social’ hours affect eating patterns and diet and reduce opportunities to share mealtimes with family and friends. Many people prefer to bring **their own home-cooked food to work** because this means they can eat the sort of food they prefer and because they regard it as more substantial, more nutritious and better value. They appreciate having good kitchen facilities and somewhere comfortable and peaceful to eat.

#### Accessing services

- Many of these workers do not receive pay if they attend a hospital, GP or other health appointment or if they are unable to work because of illness. **Fear of losing pay or appearing weak or unreliable prevents them from asking for time off to look after their health**. Most said they do not go to their GP with what they regard as minor concerns such as aches and pains, anxiety or lack of sleep or for checks or screening. Many have difficulty getting GP appointments and find it impossible to make themselves available to receive calls at unspecified times when at work. Several said they find it easier to go and queue at A&E in their own time.
- **Very few have ever accessed any sort of counselling** or advice services and they do not know how they would access these services if they wanted to do so.

#### Dignity and respect at work

- Most reported being **treated with dignity and respect by colleagues and managers**. Many praised their managers for their kindness and support and feel ‘lucky’ when they are treated well. Others reported keeping their problems and concerns hidden from everyone at work and worrying that their colleagues and bosses might find out about the difficulties they experienced outside work.

#### Complex and busy lives

- Because of the complexity of their lives and the cost and unreliability of transport, any **changes to working hours and patterns** – particularly if imposed without taking account of individual circumstances – present real difficulty.

#### Unwillingness to seek help or advice from employers and others

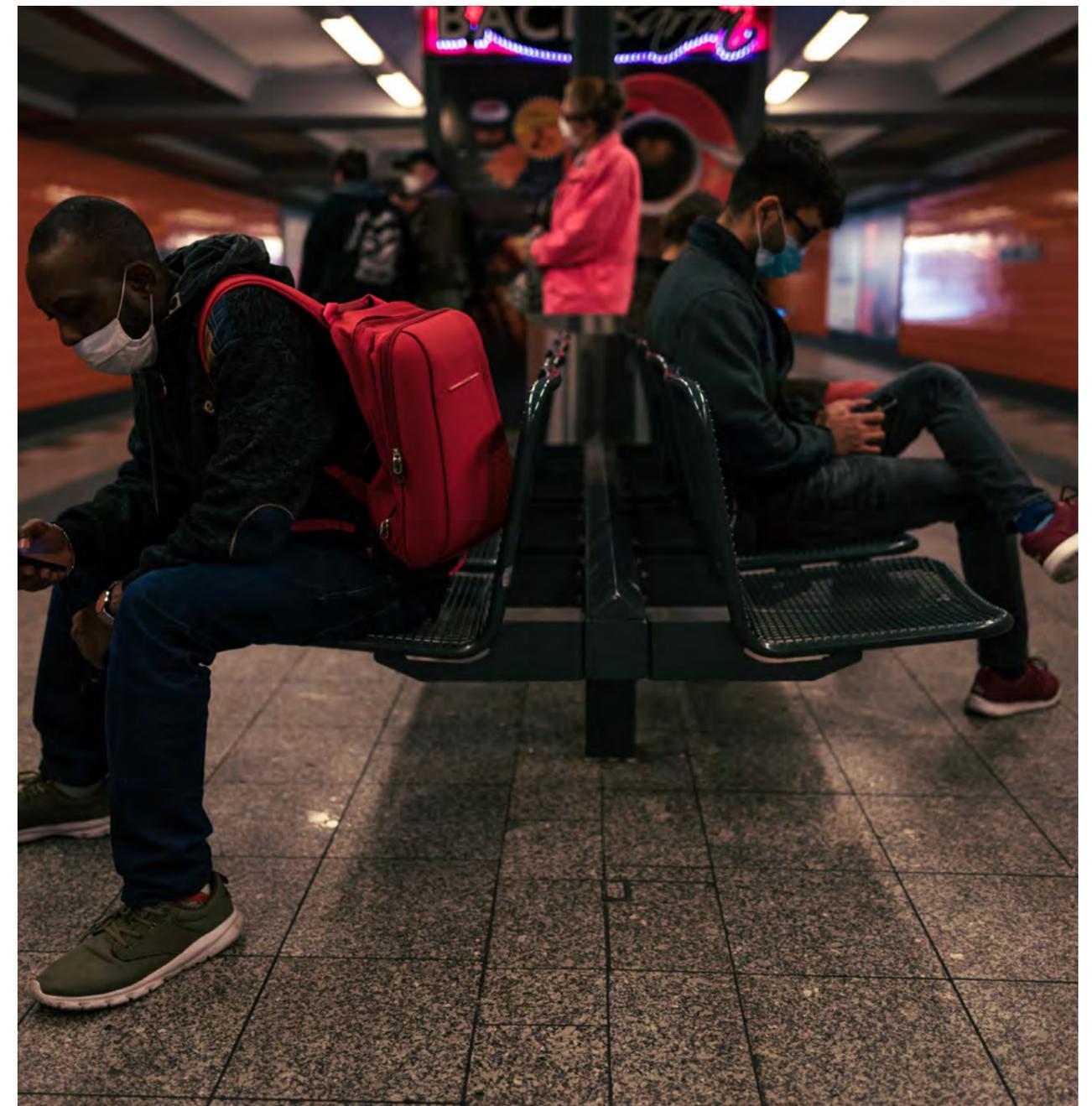
- There was an almost universal insistence among the people we spoke to on **the importance of appearing ‘strong’, working hard, not complaining and coping well** with adversity. Workers do not want to ‘make trouble’ at work and are generally reluctant to ask for help from their employers.

#### Financial worries

- Everyone we spoke to cited **lack of money as a source of stress and anxiety**. They worry that their incomes will no longer cover their outgoings and fear that this will get worse over the coming months. Those who have previously been able to save are finding it increasingly hard to do so. Many people said they planned to ask for more hours of work to help cover their escalating outgoings.

#### Hopes and fears for the future

- People over forty are less optimistic about their futures. Although they had started out with high hopes, they now feel ‘stuck’ in their current jobs. They feel that they have spent their lives working very hard just to keep their heads above water and now do not have the money, time or energy for personal development or training. Although some would like to change jobs, they feel it is too risky to take on a new position or make a sideways move because they cannot risk losing their current job security. There is a desire for employers to acknowledge their personal aspirations as well as their potential, and to create opportunities for them.
- Workers over fifty are tired of working and many are in poor health. They talked about wanting to retire or reduce their hours but not being able to afford to do so. Several have complex caring responsibilities and are looking after elderly parents, sick partners and adult children as well as providing childcare for grandchildren before and after work.





## 6. The research

The research was carried out between July and September 2022. Eight businesses in the City of London helped us find workers to take part in the research and 23 structured interviews were conducted, some face-to-face and some remote. In addition, a five-person focus group was carried out. During the same period 57 people responded to a short online survey which was promoted in a free London newspaper and across the UK on Facebook. Three of the survey respondents agreed to be interviewed, bringing the number of interviewees and focus group members to 31 and the total number of participants, including those who responded to the survey, to 85. The interviewees and focus group participants were given a shopping voucher to thank them for their input and the survey participants were entered into a raffle for a £100 prize. The focus group and the interviews were all conducted by the same researcher.

The interviewees and focus group participants worked in a range of different sectors but predominantly in cleaning and housekeeping, catering, security and construction (table 1, p.15). The interviews and focus groups allowed us to have detailed conversations with 17 men and 14 women ranging in age from 20 to 64 (table 2, p.15). Two thirds of these were first generation immigrants (table 3, p.15).

The survey attracted some people working in similar roles to those of the interviewees; but responses were also received from workers in nursing, social care and education, minicab driving and retail. We did not gather information about age or ethnicity from the survey respondents.

This is a qualitative report which highlights the voices and experiences of the people who took part through quotes and case studies. Most of the

quotes are taken verbatim from the interviews but the report also includes some of the 'free text' contributions from the survey respondents. All quotes are anonymous, and in the case studies, names and some details have been changed to protect the identity of the contributors.

### An upside-down world

(anonymous written response to survey)

*"I leave children at my home in charge of my 15 old daughter. It is hard for her but we need my pay to live and this she knows. I live in an upside-down world, I work when others are sleeping. I can feel very alone. I work in a big bank and sometimes people still working and I annoy them. Grunt at me. I empty bins and see how much foods are thrown away. I feel sad. I cannot go to child's school, more sadness. I would like to do different but cannot find daytime job. English is poor, sorry if this is confusing. Google translated mostly."*

## 7. The research findings

In considering what employers can do to improve the health and wellbeing of hidden workers, it is important to recognise the extent to which working lives are affected by factors well beyond what happens during working hours. Life and work are intertwined in complex ways for everyone; but these workers in particular face challenges which many others do not experience to the same extent.

This section summarises the research findings to give a picture of what life is like for these workers. It looks at the impact of long hours of work and travel on home life, eating, sleeping, rest, relaxation and relationships with family and friends. It goes on to consider how they are treated at work and how the work environment affects their physical and mental health. It reflects on their responses to increasing financial pressures and concludes with a picture of their hopes and dreams – and fears for the future.

### 7.1 Working long and anti-social hours

Only a small proportion worked night shifts, but the vast majority worked 'anti-social hours', either starting before 7am or finishing after 7pm. Most worked the same hours every week but some worked shifts, with their start and end times varying from week to week. More than half worked over nine hours a day and almost a third worked over 11 hours a day (table 4, p.15). Our conversations and the comments on the survey made it clear that this combination of early and late working and long hours creates practical difficulties, affects relationships and has a direct impact on mental and physical health and on their relationships with partners, children, and their wider families and communities.

The early risers spoke of having to get up in the middle of the night and go out 'with the foxes' and of their 'zombie existence'; getting out of bed at the last possible minute when their partners, children and pets are still sleeping comfortably. They talked about the darkness outside their bedroom windows, skipping breakfast or rushing out of the house with a piece of toast in hand and catching up on sleep on the way to work. One has a 'list of hopes and dreams' on the inside of his front door which he reads every morning as he leaves home to help him stay motivated.

Although the hours they worked might be considered 'anti-social' by others, for some there were benefits to working such hours as they allowed them to share caring responsibilities with other family members or to have time off when it suited them.

*"I work in retail (supermarket) from 4am to 9am. The job is fine, staff nice, role manageable. It can be difficult, especially in winter, to get up and out. The advantage is that I have the rest of the day free."*

At the other end of the day, the late workers described never being around to put their children to bed, their partners being asleep when they come in, eating late and not being able to settle to sleep for several hours. Those who worked nights talked about the strangeness of going to work as others were heading home, of long-term disruption to their sleep patterns and about journeys to and from work being longer and more complicated than during normal working hours.

Those who had other family members depending on them tended to work the longest hours and also, particularly in the case of the women we interviewed, took on the majority of the domestic work: running the household, cooking and preparing meals in advance for their families to eat while they were at work, shopping and cleaning. Several women whose jobs involved cleaning continued to do so as soon as they got home and at weekends.

*"My hours vary anything from eight to twelve hours per night. I'm a cleaning supervisor but I never have any energy. I sleep most of day then shower, have a quick bite to eat and work again sometimes nine nights in a row, I'm on a zero hours contract so if I don't work I don't get paid, I have to work to pay my rent and bills and food for my son, yet there never seems to be enough money to do anything else. I can't afford to have the nights off. I only have time for one meal a day which can sometimes be only a quick sandwich."*



## 7.2 Travel

Most people's journey to work, by combinations of foot, bike, train, underground and bus, lasted around an hour (table 5, p.15). Some, including all of those who cycled, took less than an hour to get to work and around a quarter took over an hour and a half.

*"Trains would be a lot faster for me but it is too expensive."*

Some chose to use more expensive forms of transport so that they did not have to get up quite so early or because those modes of travel were more reliable, and they could therefore be more confident about getting to work on time.

*"I currently rely on public transport, which means with travel my work day is fifteen and a half hours."*

Trains and buses could be very busy with limited seating leaving people standing for long periods when already physically tired. Some worried about catching Covid or other illnesses on over-crowded public transport. Others said they deliberately left home earlier than they needed to or stayed on at work after they had finished to ensure they got a seat, thus further extending their working day.

The unreliability of transport and poor information was a particular problem for night workers with cancelled services and misinformation making journeys longer and more stressful. However, the journey to and from work also played an important part in some people's wellbeing allowing the opportunity to catch up on sleep, listen to music, read, watch films or meditate. Those who cycled saved money, got some exercise and avoided the crowds but some found it difficult and stressful to cycle at busy times.

*"The only time I get on my own is on my bus journey and the train. I dread if someone comes and sits next to me and wants to talk."*

*"I do agency hospitality work. The biggest issue for me is transport options. Coming home at 4am in the morning using night buses. Competing to get on with a drunk party."*

## 7.3 Home life

Living arrangements varied widely from those who lived alone in single rooms or one-bedroom flats, to couples and families living in shared flats or in multi-generational family households. Several women lived with their children in single-parent households and a number of older couples and single parents had adult children living at home who were financially dependent on them because they were studying, unemployed or in poor health. Most households were able to rely on two or more incomes but money was a particular problem for single-parent households with older or adult children who were not bringing in an income. In several families where there were young children, parents worked different hours to each other to ensure that one parent was able to look after the children at any given time. In the single parent households, older children helped with childcare. Those in their twenties who were working but still living at home wanted to move out but could not afford to do so.

Several people were caring for sick relatives at home. This included a woman looking after her husband who was recovering from cancer treatment; another person who was caring for her elderly and frail father; and a third who had her daughter with a long-term condition plus her three-year-old granddaughter living with her.

The majority lived in private rented housing. A very small number of the older people were paying mortgages. The younger people were keen to move out of their parents' homes and become independent while several of those over forty who were living alone reported feeling lonely and isolated. Those living in shared housing reported crowded conditions and finding it very difficult to find privacy or peace.

## 7.4 Impact of working hours eating and shared mealtimes

*"I do not eat when I get home. There is food available at work but if I miss it I don't eat it later because I do not like to microwave food."*

For most people, particularly those who lived with family members, meals were a significant part of their lives but working hours often made it difficult for them to share mealtimes with family. Those whose work schedules allowed them to be at home in the evenings talked about the importance of eating with their family and described the detailed planning and significant effort that was put into mealtimes. Several women

who were not able to be at home for family meals talked about the significant effort they made during their time away from work to shop for and prepare meals to be eaten in their absence.

Most of those who started work early did not eat breakfast before they left home but did so on their 'breakfast break' at work several hours later. Those who came home late in the evenings tended either to not eat at all (sometimes, but not always, having had an evening meal at work) or to eat a later meal but it was acknowledged that eating late tended to mean that they went to bed very late as they could not sleep immediately after eating.

*"I work for ten hours. Most of the days I don't eat anything. I just have a coffee in the morning. I have plenty of energy. Then I go to college from six to nine and then I go home and if I have power I cook but at this time I sometimes do not have power so I just have a shower and go to bed because I must get up again very soon."*

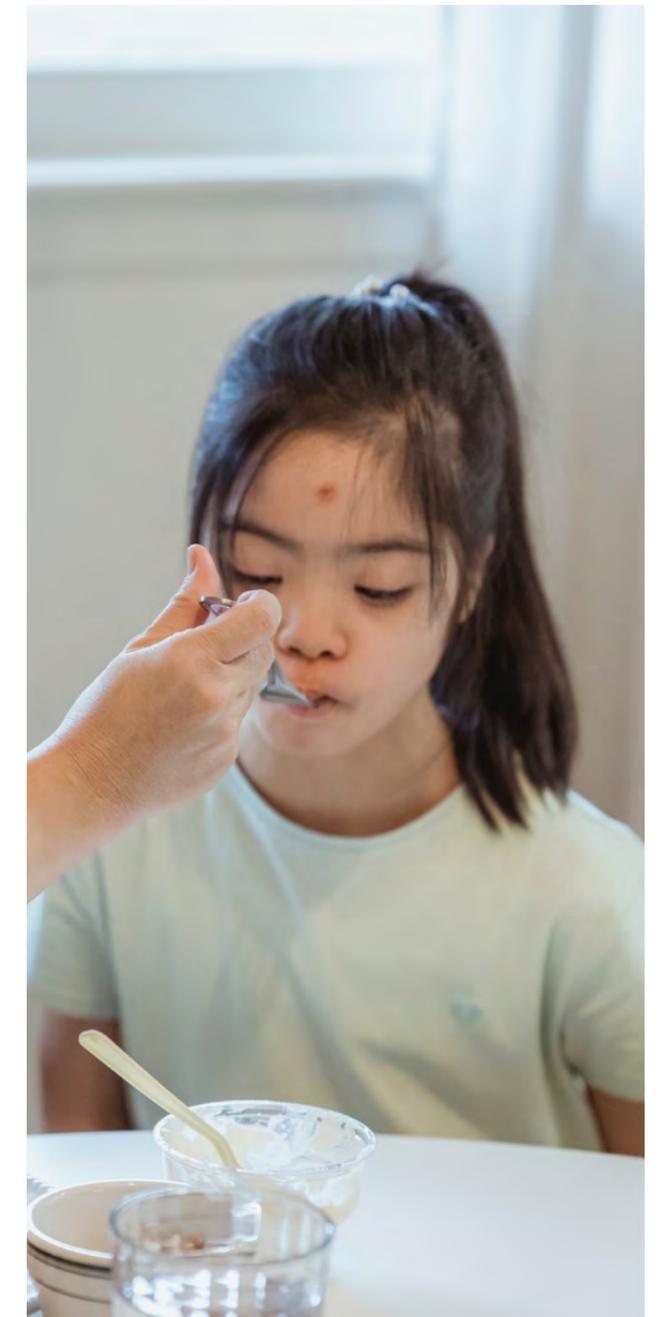
## 7.5 Resting, relaxing and taking part in activities outside work

For some there was little opportunity to relax and unwind after work or at weekends. Those with significant caring responsibilities (either for young children, grandchildren or ill partners) described being physically active for several hours after returning from work, predominantly with housework, cleaning, cooking and childcare and said that they did not have either the time or the energy to undertake any other activities.

For many, weekends were spent preparing for the week by cleaning, food shopping and cooking. Involvement in faith groups took up a considerable amount of time for some. If time was available at weekends, the wider family might be brought together, often by those who were grandparents. This brought pleasure but could also be hard work and expensive.

Although very few took part in organised sports events or training, some people took part in casual football matches with friends or family. Travel and hobbies were important for those who had the time and energy to pursue them, with hobbies including walking, dancing, wood carving and photography cited as ways to relax and unwind. Some of those who had more time outside work were studying for degrees or other qualifications while others used any spare time they had to top up their incomes with informal working such as online work or picking up small pieces of paid work with friends or family.

*"My night shower is the only place where I can relax."*



# Latifa's story

*"I try to explain to my son that life is not easy. It is not easy for everyone."*

Latifa is in her early forties. She was born in West Africa and moved with to Southern Europe as a young adult where she worked as a cook. She separated from her husband and she moved to England leaving her three children behind for five months. During this time, she found somewhere to live, got a job as a cleaner and saved £5,000. She brought her children to the UK. She speaks English reasonably well and is fluent in her native language and three further European languages. Her two younger children are at secondary school and her oldest child is not working.

Latifa works as a cleaner in a large office in the City of London. She works a five-day week from 5am to 5pm. On Tuesday, Wednesday and Thursday she also does a seven-hour shift from 7pm to 2am cleaning in a school but if she gets the job done quickly, she is usually able to leave before midnight and still be paid in full.

Several nights a week Latifa only manages to fit in two hours of sleep between her two jobs. Although she is physically well, she says she is often very tired.

*"Sometimes I cry in the toilet at work."*

At weekends and on the evenings when she is not working, she shops, cleans, cooks an evening meal and prepares meals for her children to eat while she is at work. She has no close friends in London and describes her middle child as her best friend. She relaxes by listening to music. She does not have the time or energy for anything else.

*"Work makes me physically tired all the time and sometimes mentally tired too. When I get home I am too tired. I listen to music. I would like to go to*

*dance classes but I am tired, tired, tired. But I am happy because I am working."*

She says her manager is very kind to her and she has good relationships with colleagues. She is treated respectfully by others in the workplace, but she does not complain or discuss her family life with anyone at work. She would like a different job, perhaps to return to being a cook, but she thinks she needs to improve her English first and, based on her previous experience, she worries that she will not be able to cope with the physical and emotional stress of the working environment.

Previously her employer had offered to provide one-to-one English lessons during her working day but she refused because she knew that she would be too tired to concentrate as the classes took place on a Friday after three nights of missed sleep.

She says that in many ways her life is hard, but she remembers that as a child she had very little to eat and survived mostly on rice and butter. She considers that despite her difficulties she is better off in London than she was when she was growing up. At the moment she is just able to cover her rent – which is £1,800 – plus her other costs but some months she has to ask her manager for a small advance. She depends on her weekly child benefit of £35 to pay for food. She wants to give up the second job and thinks she would be able to do so if she got a house through her local Council, as her rent would be lower. But she does not think she would be entitled to social housing and she has not made any attempt to investigate it. She receives no benefits and has never tried to get advice about what she might be entitled to. She is very clear that she does not want to receive benefits because she thinks they should be only for those who are unable to work. She thinks it is time her eldest son got a job, and she feels he is taking advantage of her, but she has not yet been able to have a conversation with him about this.

## 7.6 Physical health

Most people had jobs that were physically demanding and spent most of their time on their feet. Many of the older people had physical problems that they believed were caused by their work. Cleaners in particular reported aches and pains in their joints and sometimes found it difficult to do their work as a result.

*"I have pain in my knees. It takes me a long time to get moving in the morning."*

*"My job is very tiring. I want to stop. When I get home I do not want to do anything physical because I am moving all the time at work."*

Some had sought help for these problems from their GP, but they generally felt there was little point in approaching them about such problems. Those who had gone to the GP with such concerns complained that they had not been given any substantive help or advice. Some took painkillers or sleeping pills. Others spoke about just having to put up with pain and discomfort. A small proportion paid privately for physiotherapy or massage or did exercise to alleviate their problems.

Several people told us that they had taken deliberate steps in the past to change their job because they felt that their work had been making them unfit or unwell. One person, who had lost his job during the pandemic and had then worked as a minicab driver for over a year, found that when he returned to his job as a security guard he lost weight, felt healthier and was happier. He recognised that this was because he was getting much more exercise and his diet had improved. Another, who worked in housekeeping, reported that the constant activity he undertook at work meant that he was very fit.

Many of the younger respondents reported being very fit and healthy although a few had relatively minor physical complaints which did not currently affect their work such as 'a dodgy knee' or 'pain my back and my ankle'. Nevertheless, they all recognised how important physical fitness was to their work and their job security.

*"There is a dangerous side. It makes you feel alive. Even the most experienced scaffolder can make a mistake. I like to think I am fit and strong. I do worry about*

*getting an injury but I try to just be careful and not think about it."*

One organisation has offered its contracted staff access to its gym but uptake by this group of workers had been limited. A variety of reasons was given. Some simply wanted to get away from work as quickly as possible at the end of their working day. One person had used the gym once a week for a few months but had stopped because she felt she needed to go straight home after work to look after a sick relative. Others said they were just too tired after many hours on their feet to spend more time doing something physically demanding.

## 7.7 Mental health and wellbeing

Many of the people we spoke to said that they enjoyed work and that going to work had a positive impact on their physical and mental wellbeing. Younger people, those who had more responsibilities for the work of others (such as team leaders) and those whose work was more varied, reported greater job satisfaction and were more likely to say they were happy at work. Older people and those who had been doing the same job for a long time reported being bored by the repetitious nature of their work or finding it physically exhausting. Nevertheless, a few of the older respondents were keen to stress how fit and energetic they were, something they attributed to the physical activity associated with their work. These individuals worried that stopping work would be detrimental to their physical fitness.

People spoke about their mental health in many different ways. Some were open about issues such as anxiety and depression and how they managed the challenges they faced. Others told us how they dealt with the pressures in their lives but did not want to discuss 'mental health' as such. Most of the people we spoke to made it clear that they were very unlikely to discuss their mental health or any of their personal concerns with colleagues or managers or to let people know if they were having a bad day or difficulties outside work. However, most said that they could imagine that there would be times when they would be happy to talk to a counsellor or other adviser who was independent of their employer.

Every interviewee and those who took part in the focus group stated that financial issues caused them a degree of stress and that having more money would help to relieve some of this anxiety. Some had taken on or were hoping to take on more hours to increase their income. Others wanted to reduce their hours to improve their quality of life but could not afford to do so. Most recognised the impact of long hours on their lives and on their physical and

mental health, but their absolute priority was to be able to continue to cover their increasing outgoings.

When asked what caused them stress in the workplace, team leaders described finding work stressful because of having to deal with the staff they managed and, in some cases, not having enough time to complete work within their paid hours. One reported that he worked an extra forty minutes to an hour each day but his request to be paid for this time had been refused. He continued to work late regularly because he knew he would feel stressed about going to work the next day if his work had not been completed the previous day.

For those with fewer responsibilities stress was caused and compounded by the way in which their wider lives were affected by long hours away from home and by physical tiredness. Those who had caring responsibilities spent time at work worrying about those they cared for at home.

There was a powerful desire to be seen as strong and capable of coping with the many challenges they faced in their lives. For first generation immigrants who accounted for the majority of those we spoke to, this attitude was conveyed very strongly. They felt compelled to not complain about their current circumstances as they considered life would have been much harder in their home country.

*“Because we come from a difficult situation what seems difficult in this country is easy. It makes us stronger when we compare with home. It is difficult to compare myself with people here because they have been living with a different reality.”*

Older women who had been born in the UK with significant family and care demands had a similar mindset.

*“I get very tired and very depressed but I just get on with it.”*

Isolation and loneliness outside work were factors for some and for others, social contact beyond their immediate family was very limited. For these individuals work was an important part of their social wellbeing. By contrast, others felt strongly that they needed to preserve their privacy at work and stay outside work social circles.

*“The only people I speak to are my husband, my son and God.”*

## 7.8 Sleep deprivation and disruption

One of the most striking findings of our research was the number of people who told us that they did not get enough sleep. This was not limited to night workers, with daytime workers also having problems. Long days and very early starts meant that almost everyone we spoke to felt that they did not get enough sleep. The most extreme example was the cleaner with two jobs who regularly had no more than two hours sleep but many others also said they had no more than five hours sleep a night.

*“I go to bed at 11pm and I get up at 3.45pm but I get a maximum of four hours sleep. When I am on the night shift I sleep in the day but it is a bad quality of sleep. I keep drinking coffee and energy drinks and taking multivitamins.”*

Limited time for sleep was exacerbated by insomnia which was reported by a third of the group, affecting men and women and all age groups equally.

Even the minority who did not have sleep issues talked about their exhaustion upon getting home, with two saying they slept almost as soon as they got home but most saying that they needed a few hours between coming home from work and going to bed; to do household chores, eat, spend time with family and unwind.

*“I am dead when I get home. I just go home and sleep. I don't eat anything. I would like to go to the cinema or the theatre or see my friends but I cannot do anything so I go straight to bed.”*

A few people had discussed their sleep issues with their doctors, but most felt it was too hard to get an appointment with their GP, that their concerns were not serious enough to warrant contacting their doctor or that they would not be able to help.

## 7.9 Breaks, food and relaxation at work

Almost every worker had two breaks in their shift, usually a short break of fifteen minutes to half an hour and a one-hour meal break. Many brought

their own food to work, not only because it was cheaper than buying ready-made food, but also it was seen as more nutritious and substantial and more to their taste. Several talked with relish about the meals they prepared at home and brought to work with references to ‘delicious stews’ and ‘proper meals’ and how much they looked forward to them. Kitchen facilities were available, and most people were happy with the space provided for them to eat and relax.

The canteen staff in one large organisation were given free meals which they very much appreciated – although very easy access to unhealthy food was not helpful for weight management. Interruptions to nutrition and hydration were also reported in other ways. One construction worker reported that on the hottest day of the year he had been working in 40-degree heat inside the roof of the building, but no water had been provided. One person who worked a ten-hour day as a receptionist had no formal breaks but was able to go into a nearby kitchen to eat if the reception area was quiet – but she was not allowed to eat at her workstation.

<sup>3</sup> See Latifa's story

## 7.10 Relationships with managers and colleagues

Almost everyone said they had good relationships both with their immediate colleagues and their managers and that they were treated with respect. It was recognised that there would always be occasional disagreements or clashes between workers; but these are generally managed well either by colleagues or managers.

*“My line manager is like a father to me. He looks after me.”*

The survey respondents were more likely than the interviewees and members of the focus group to express dissatisfaction with the way they were treated by managers and others at work.

*“I'm not valued or kept in the loop about service users. I'm at the bottom of the pile. Other staff are more valued. I pay into collections for other people's birthdays but mine is ignored, not mentioned. I am treated like I am lazy and don't do anything. My opinion is not worth anything nor my experience”*

A significant number of people talked about making efforts to avoid trouble or conflict with others while at work. Where they worked in service or support roles in large organisations, very often through agencies or as contractors, they reported being treated with respect by the employees of the company or institution. A few mentioned specific individuals in senior roles who were rude to them but far more spoke warmly about being treated respectfully and kindly. One woman who worked as a receptionist and had no cover, reported that staff often offered to buy her coffees or lunch when they went out.

## 7.11 Racism, respect and dignity at work

Generally, workers reported being treated well by managers and colleagues. When asked directly if they ever experienced racism at work, a significant majority of those who were from minority ethnic groups stated that they did not experience any racism at all. The small number who did, said that racism was often not overtly expressed because people had learnt that they could not say anything racist at work. Those who reported overt racism or racist comments from co-workers said that they would ‘walk away’ or ‘ignore it’.

Racist language was experienced most commonly by security guards working in public spaces who would at times be verbally abused by members of the public. They said that they would normally report any racist incidents or comments to their managers who would address it appropriately. They said that dealing with racism and abusive behaviour in this context was ‘part of the job’.

Some comments were made about the inequity of benefits and privileges being given to directly employed staff but not made available to contacted and agency staff. Examples included on-site health care services for staff, greater flexibility about working hours and longer holidays.

*“I would love to join a choir and maybe one day I will. The office has a choir but it's at lunchtime so there is no way I could do that it would cause so much of a problem if they allowed us because there would be a knock-on effect for other staff.”*

One workplace had carried out a reorganisation which had meant a lot of changes to management lines and to shift patterns. This had unsettled some long-standing staff members who had had to change their travel and domestic arrangements to

fit into the new work patterns. They felt that their requirements had been ignored while other people's views and preferences had been taken on board.

## 7.12 Caring responsibilities

A considerable number of the people we spoke to held caring responsibilities which impacted their work. Responsibilities for sick parents, partners and children put a heavy strain on them emotionally, practically and financially. In some cases, they had had to reduce the hours they worked or take unpaid time off work to accompany their family members to appointments.

*“My daughter has epilepsy and she has three kids so I am always looking at my phone. This was one of the reasons I did earlies because I needed to get home to help look after the children – but they did not accommodate this when they made the changes to the shifts.”*

Those with children tended to have arrangements in place so that one or other parent or another family member could cover childcare at any given time. For most, if there was an emergency with a child, or an important event at school, employers were understanding and flexible. However, there was a reluctance to take time away from work in such situations, partly because of wanting to be seen as being committed to their job and partly because they did not want to let people down or put extra pressure on colleagues. Some of the older workers we spoke to helped look after grandchildren, either before or after school or in the school holidays, adding to the complications of organising their lives around work.

The majority of the people whose families lived outside the UK sent money back to them on a regular basis and tried to visit when possible. Although most were keen to travel back to see their families, since the pandemic the increasing cost of travel made this difficult.



## Elaine's story

*“I go home and sometimes I can't move when I am so exhausted.”*

Elaine is in her fifties and works in catering in a large City office. She lives with her husband who has been on sick leave for several months following surgery for cancer. Although her husband is receiving sick pay, he used to work overtime and without this extra income they are £600 a month worse off. Her adult daughter, who works part-time and her 5 year-old granddaughter live with them. Elaine provides some financial support to her other daughters and at weekends she hosts them and her other grandchildren in her home.

Before the pandemic Elaine worked regular hours, starting early and finishing mid-afternoon but recently a new shift pattern has been introduced which means that on some days she starts and ends several hours later. This does not suit her as she needs to be at home to help with her granddaughter. On the early shift she leaves home at 5.30am. Her journey to work takes an hour and half and involves two buses. She gets the train home which is fifteen minutes faster than the bus but can be very unreliable.

When she gets home from work, she does several hours of housework. She thinks she does too much cleaning, but she feels it is important to keep the house running smoothly. She worries a lot about her husband, her daughter and her granddaughter. Her relationship with her husband is strong but living with her daughter and granddaughter can be difficult at times.

Elaine goes to bed at 10pm every night and falls asleep straightaway but she wakes up 45 minutes later and then is wide awake for many hours.

Elaine and her husband are able to pay their mortgage and bills at the moment. She would like to stop working but she does not think she can afford to do so. When her husband came home after his operation, she took two weeks off work to be with him. This was unpaid leave and she had to take money out of her pension to cover this loss of income.

*“I was seriously thinking of making an appointment with my doctor, you know because I am getting too old for this now. I have no break when I get home and all the grandchildren at the weekend – it doesn't stop and I do all the cooking. I find it gets a lot harder as I get older. I always have to go (to the GP) as an emergency because our waits are weeks. My sleep is not an emergency. I would go if I was really ill, like a chest infection – I had that and I was really ill. I won't go and see the GP about my sleep because it's about me, it's not about somebody else.”*

*“I used up all my holiday going for appointments with him. I had to. It was tough at times and he's a worrier so I could not tell him anything. I have not asked for counselling as I have been too busy and if I do that it just builds up somewhere else so the pressures come. We are very private, my husband is very private – work is like my family. Sometimes I have a bottle of wine to myself in a corner but that doesn't help with the sleeping so that's not a good route to go down. I do a lot of walking. I love to dance but again, it's finding the time.”*

## 7.13 Money worries and the increasing cost of living

*“I believe everyone who works deserves to get enough money to live with dignity.”*

Although money was mentioned as a source of worry by everyone we spoke to, they were all very keen to emphasise how careful they were with their money and how well they managed it. No-one mentioned being in debt and most people said they were still able to save a small amount each month, although several said this had become increasingly difficult in recent months and many expressed concerns about how long they would be able to continue to do this if costs continue to rise. There was a general view that people who worked ought to be able to ‘pay their way’ without needing to borrow money or receive benefits.

Several of the people we spoke to had either lost their jobs or lost some of their income during the pandemic. Most said they were now recovering financially and were glad to feel more secure in their employment status.

Some said they had recently taken steps to reduce expenditure by, for example, bringing their own food to work, using cheaper forms of transport or not going to pubs or eating out. However, most of their money was spent on unavoidable costs such as rent, bills and food, all of which were increasing in price or likely to increase soon.

We began our interviews in mid-July 2022 and at that point there was already some anxiety about increasing costs, but most people felt they would be able to manage. By the time of our final interviews in early September 2022 the tone of the conversations was very different with real fear being expressed about possible large increases in the cost of living and whether people would be able to pay their bills.

Generally speaking, the younger and single people were the least concerned about increases in the cost of living reflecting the fact that they were currently confident about their ability to afford things but, by contrast, the older people and those with dependents, who were already struggling to some extent, were very worried about what lay ahead.

*“It is really noticeable now. Until recently I had £300 in the bank at the end of every month but now I don’t. My son’s request for money really stress me*

*because I have to say no.”*

Although almost everyone said they would like to have more money, when asked how they felt about the increase in the cost of living only one person said that he thought he or his fellow workers should be paid more. One person made it very clear that he did not want a pay rise and considered that he was paid enough. A much more common response was asking if they could work more hours. No mention was made of differentials between their pay rates and those of others working in the same organisations or elsewhere and no sense of unfairness was expressed.

## 7.14 Accessing and using health services

We asked people about whether and how they used services such as GPs, hospital out-patient appointments, counselling and advice services. There was a mixed response to our questions about getting appointments to see a GP. Some people said they had no difficulty in getting an appointment and praised the support they received. Others insisted that they did not need health services and that access was not an issue for them.

*“My GP takes good care of me. I can’t complain. I can still wake up and go to work. That is something.”*

However, around half said it was very difficult to get an appointment with an NHS GP. Several people said they would go to a GP for an ‘emergency’ or if they were very ill, but they would not go to discuss long term problems such as aches and pains, issues such as insomnia or mental health even if these were having a significant effect on their work or on other aspects of their lives. The reasons given for not going to the GP varied. Some were not free to call at the time designated by their practice (usually 8am); some could not get an appointment, or a telephone call-back at a time that fitted in with their work; some did not think their concern was serious enough to warrant taking up the doctor’s time; some had previously gone through a negative experience with a GP and some did not believe the GP would be able to help them. For some A&E was seen as being easier to access than their GP surgery as they could attend at a time that suited them.

*“I get up at 5am every morning, I get to work for 6am, I clean a very large secondary high school, have a break, then start in the school kitchen which is also very busy and a slog. I finish in the kitchen at 1.30pm and then go back into the school to clean till 3pm. I literally crawl to the car, get home, eat fall asleep, then repeat it all again the next day, for 5 days. I dread being ill as I can’t ring the doctors as I’m at work, as they open their phone lines at 8am and by the time I’ve finished at 8.30am, I can’t get through.”*

*“I do not have trust in doctors. I went to the hospital once but had to wait a long time. I only go to the GP when I am called. I normally just go to A&E when necessary.”*

*“I have problems with my knee and I take medication for it but it is very difficult to get an appointment.”*

*“I tend to go the hospital if my child is sick rather than the GP.”*

Most believed they would be given time off work for GP or hospital appointments, though they would not be paid for the time they spent away from work. There was a view that they needed to demonstrate to their employers that they were fully committed to their job and they worried that taking time off would make them appear unreliable, possibly putting their job at risk.

The current practice of a GP calling a patient back at an unspecified time during the working day was seen to be very unhelpful as people were generally not able to take calls during their working hours without pre-arranging time off. One person reported that she had missed several such calls because she had been busy in her job as a receptionist. Each time she had missed a call the process of calling the surgery had been repeated. The practice had not given her any other option and had not been able to arrange a set time to call her so that she could make arrangements to be available. As a

result of this she had decided that the only way she could be seen by a doctor was to move to a different practice which operated a different system, but she had not yet been able to find one.

Very few people had ever received counselling or professional help for mental health issues. Of those who were willing to speak about having mental health concerns, such as depression and anxiety, some said they might consider seeking professional support but they did not know how to access it and had never done so.

## 7.15 Hopes and dreams

We asked everyone about how they saw their future both in the short term and in the longer term. One wanted to become a professional photographer; another had set up a small communications business which she hoped might one day allow her to leave her job as a security guard for which she felt she was now too old; another hoped to be able to buy his own home and a fourth planned to become a millionaire within ten years. Several people wanted to go and live abroad and ‘sit in the sun’. Others just wanted to stop work completely.

*“Sometimes as workers we need to see that the company is looking at our dreams.”*

The younger people at the beginning of their working lives mostly expected to progress in their careers and to be doing different jobs and earning more money in the future. Several members of this younger cohort were studying for qualifications which they hoped would help them progress. Despite their efforts and enthusiasm, however, they recognised that it was very hard to study and work at the same time. They reported sometimes being too tired to study after work and they were concerned that if their living costs increased, they would have to spend more time working and would have less time and energy to study.

*“I put my job first so it is difficult to study. It is possible if your husband is on a high salary. At this point we are not able to study. It takes many hours to travel and study. If the wages were higher I would work part time and study.”*

Some of the people we spoke to had been offered training at work. They had taken advantage of this because it allowed them to take on new roles within their organisations although this had not always led to higher pay rates. Some expressed

the view that such training was offered to help the employer rather than for the benefit of the employee. Several people felt that their employers should give them the opportunity to improve their skills so that they could be promoted within their organisations. They argued that their organisations would benefit from their expertise and they, as workers, would earn more money. They recognised that providing such training would require an outlay on the part of the employer, but they felt that both they and their employers would benefit in the long run. They felt it should be possible to reach arrangements whereby employers did not lose out. Some said they would be happy to have some pay deducted if they were receiving training that would help with their personal development leading to possible promotion or wider opportunities.

There was a sense that the younger immigrants felt that this country offered them opportunities that would not have been available to them if they had stayed in their country of birth. By contrast, immigrants over forty felt that the opportunities when they had arrived in the UK had since evaporated and it had been much harder to 'succeed' than when they had arrived here. For them, the greatest barrier to progress and better paid jobs had been having to work so hard for so many years just to survive and support themselves and their families.

*"I talk to other people doing these sorts of jobs. They often say they do not have opportunities. They feel like mentally they are thinking there is no way to reach their potential or the dreams they had when they were younger and when they are older they feel like they do not have the energy or the time has passed."*

Many recognised that there were better paid jobs available which they believed they would be able to do but they were reluctant to apply for such posts either because they felt they would not be successful or, if they were, the new job might turn out to be less secure than their current position. In the present climate they could not afford to be unemployed even for a short time and they therefore could not take this sort of risk. This anxiety and reluctance to consider changing jobs was strong across all age groups.

*"I would like to move out of this sector. I need people to be patient with me and give me opportunities. It is difficult to take risks. It's a big step."*

Of those who felt they had not achieved as much as hoped upon first arriving in this country, the parents of the group were very keen that the next generation should gain better paid and higher status work than them. Many of the parents spoke with pride about their children doing well in school, going to university or having good jobs but also expressed anxiety about their futures and whether they would end up having experiences similar to theirs.

There was a degree of both worry and resignation among those in their fifties and sixties about coming to the end of their working lives, all of whom said they would like to stop working soon but they did not know if they would be able to afford to do so. Several said that they hoped to move abroad when they stopped work, returning to their home countries or going elsewhere. They expected by doing so they would be able to maintain a better quality of life than in the UK. A small number worried that if they stopped working they would lose their purpose in life

## Jose's story

*"I need to change my job and my career. I like to learn but I am stuck. I am not looking for a job because I get anxious when I start to look for jobs. It is only me that can change it. It is only me that can unlock it. Sometimes I feel I am losing opportunities."*

Jose came to the UK at the age of 17 and is now in his forties. At first, he found living here exciting and challenging but he has now been in the same job for many years. He is proud of the work he does but he finds his job very repetitive and says he could do 'with his eyes closed'. He gets on well with his colleagues and says there are more positives than negatives to his current job.

He works long shifts and is always tired when he gets home from work, so he has a sleep and sometimes goes for a walk or a run, always on his own. He used to meet friends at the pub, but he has stopped doing this as he could not afford it and he worries that he ended up drinking too much.

He has no family in this country but sends money home to his mother to pay her rent. For this reason, he is only able to afford to live in a single room sharing a bathroom with several other people whom he does not know. He is very worried that his mother's rent may increase in the coming year because he knows he will not be able to increase the amount he sends.

During the pandemic he chose to come to work every day, despite being very scared that he might catch Covid, because he did not think he would be able to cope with being alone in his room all day, every day. He has suffered from poor mental health in the past. He takes medication for anxiety which helps but he still suffers from very low mood at times.

*"Sometimes I say to myself, why do I have to take medication to live my life? Why can't I be strong enough to deal with these situations in my life? Sometimes I get so angry with myself when I see other people progressing."*

Jose believes that his job is secure, but he thinks it might be good for him if he lost his job as it might be the push that he needs to make a change to his life. At the same time, he feels he cannot take the risk of leaving his job in case he ends up in a less secure position and he absolutely cannot afford to be without a job.

He thinks he should go and talk to his doctor about his mental health, but he says it is very difficult to get an appointment. He recently spoke to a doctor to get a repeat prescription, but he did not have a further conversation with him. He thinks he needs a medication review, but he has not done anything about arranging it and he has not been called by the GP.

## 8. The bigger picture

This report is about the views and experiences of just 88 people. But there is considerable evidence from a wide range of sources both in the UK and globally which shows that these individual stories are, in many ways, universal stories.

### We know that:

- Poverty damages health and poor health increases the risk of poverty. When people do not have enough money to pay for food, housing, heating and other essentials they suffer directly through having a poor diet and living in an unhealthy environment. They also suffer indirectly because of the impact of chronic stress on their physical health, their mental health and their relationships with others<sup>4</sup>.
- Paid employment can represent a way out of poverty, but only if the wages and working conditions are sufficient to support an adequate standard of living.<sup>5</sup>
- Having a job and going to work is good for people in many ways, both in terms of their physical and mental health, but it can also be harmful. There are things that employers can do to mitigate some of this damage.
- Shift work can be positive for some people but can also be harmful to health. Those on the lowest incomes are the ones who are most likely to have shifts cancelled at short notice often leading to a loss of income, making it impossible for people to plan their lives and leading to people incurring extra costs.
- Working long hours, defined as 48 hours per week or more, increases the risk of experiencing fatigue and accidents. The World Health Organisation has found that exposure to long working hours (of 55 hours or more a week) is the occupational risk factor most associated with increased mortality, responsible for around 750,000 deaths per year globally due to an increased incidence of stroke and ischaemic heart disease.<sup>6</sup>
- Job insecurity is associated with poorer health.<sup>7</sup>
- For a large proportion of the global population, mental health and work are integrally intertwined. Mental health is more than the absence of mental health conditions. Rather, mental health is a state of mental well-being that enables people to cope with the stresses of life, to realise their abilities, to learn well, work well, and to contribute to their communities.<sup>8</sup>
- People living in poverty or on low incomes are more likely to miss out on routine screening and vaccinations and to receive late diagnoses, leading to poorer health outcomes for a range of conditions.
- Lack of sleep and/or disrupted sleep has an immediate effect on mental and physical performance and, over time, has a serious impact on physical health.
- 140 million working days are lost to sickness each year, costing the UK economy £15 billion. If staff do not feel able to take time off when they are ill, they take longer to recover, and this can lead to longer-term health conditions.<sup>9</sup>
- People with higher levels of education and skills live longer than those without. Supporting education and training helps individuals, businesses and communities by improving health outcomes and reducing inequalities.

<sup>4</sup>Fair Society, Healthy Lives (2010) and Marmot Report 10 years on (2010), Institute of Health Equity

<sup>5</sup>OECD (2009) Policy Brief In-Work Poverty: What Can Governments Do? (2009)

<sup>6</sup>WHO/ILO (2021) Joint Estimates of the Work-related Burden of Disease and Injury, 2000–2016.

<sup>7</sup>The quality of work and what it means for health, Health Foundation (2021)

<sup>8</sup>World Health Organisation (WHO) guidelines on mental health at work (2022)

<sup>9</sup>Impact of increased cost of living on adults across Great Britain, Office of National Statistics (ONS) 2022

## 9. Recommendations & suggestions for business

One of the key objectives of this piece of work is for employers and those who procure services to be able to take action to improve the daily lives of hidden workers.

Some suggestions are set out below.

### 9.1 Daily Modifications

- Give certainty of hours so workers can plan to mitigate some of the impact of their working hours
- Encourage and make provision for breaks or different patterns of breaks to combat fatigue
- Encourage use of relaxation or mindfulness such as via apps to listen to while travelling
- Provide access to healthy food on-site if provided to other employees (such as those that are contracted)
- Provide facilities for preparing fresh food or meals brought from home

### 9.2 Management Considerations

- Review communication to hidden workers for available support such as Employee Assistance Programmes (EAPs) and access to training courses
- Ensure a suitable space is made available for rests and eating
- Make provision for confidential calls to health professionals and schools
- Do not assume your third party partners in this area can implement any changes alone – they will need support and often additional budget within existing contracting arrangements
- Consider amending policies to allow an additional paid ‘flex’ day per year, booked with six weeks’ notice, to support education, caring or family commitments

### 9.3 Procurement Considerations

- Review specifications, shift patterns and start times to avoid unsocial travel and working hours
- Avoid 12-hour shifts where possible
- Provide guidance on real living wage or above, in line with regional average pay rates to ensure you can attract and retain the best people
- Provide guidance on sick pay policy you would expect to be part of third party employment contracts and the mechanism for managing these costs
- Specify death in service benefit as a minimum requirement in third party employment contracts
- Consider allowances for season ticket loans and help with cycle to work schemes

# Making a difference

## An employer's experience of introducing change

In July 2022 UniClean took over the contract to run Cleaning Services for The Beacon Shopping Centre in Eastbourne, taking on the 21 cleaners who had worked for the previous contractor. Having competed successfully against several national companies they understood that this was a challenging undertaking but as a local SME operating across Sussex and holding several contracts in Eastbourne, they had the benefit of existing local knowledge and resources. The contract, awarded by LGIM in partnership with JLL, presented an opportunity for all parties to focus on the social values of the contract and make a positive impact on the working conditions of the hidden team.

With the support of LGIM, UniClean made several positive changes to the employment terms of the cleaning team. From the start of the contract, pay for the whole team was increased to at least the rate of the Real Living Wage for the area. This meant a pay-rise for every member of the team. A new Employee Assistance Programme (EAP) provides free access to services such as video calls with GPs and support with mental health, along with discounts and offers from high street retailers. A Death in Service policy is included in the EAP so that every member of the team, part time or full time, qualifies for a lump sum payment of £50,000 made to their beneficiary, should they die while employed by UniClean. An Enhanced Sick Pay Scheme has been set up and included in the employees' terms and conditions giving each member of the team one period of fully paid sick leave in a twelve-month period and allowing for an additional element at the discretion of management.

The contract has now been running for four months and the team has settled into employment with UniClean. The initial uplift in hourly pay was well received but, by contrast, take-up of the services available under the EAP has been limited. Further training and guidance on the scheme will be provided through one-to-one discussions and team meetings to increase awareness of the benefits and help employees to make best use of it. There are plans in place to give workers regular and accessible information on topics such as mental health, healthy eating and exercise.

The response to the inclusion of the Death in Service was most positive from those with families and dependants. For some of these workers this meant a great deal as they saw that it would provide much-needed financial support for their loved ones should the worst happen.

The Enhanced Sick Pay Scheme has seen some positive results. One member of the team who contracted COVID with the first month of the contract was overjoyed to receive full pay while absent. This employee would probably have returned to work much earlier if they had lost pay while absent or had received only Statutory Sick Pay. As it was, they were able rest and recover and provide two negative test results before returning to work, thereby reducing the risk of infecting the rest of the team. But ensuring that the scheme is not abused has presented some management issues with some workers taking one or two days of absence within the first month, effectively using up their allowance for the year. Work is ongoing to address these challenges.

Several members of the team have long term health conditions which can make it hard for them to come to work consistently and reliably. For those who have been employed long term in cleaning roles or other traditionally low paid jobs, the opportunities for improving their quality of life and ensuring better overall health can be limited. Knowing that time off work will leave them financially vulnerable, they are generally reluctant to go to the doctor or seek medical advice. Our hope is that with better pay, supportive management, improved terms of employment and greater take-up of the EAP we can make a noticeable difference to the lives and health of these members of our team.

# 10. Response and Commitments

## From Legal & General

As part of its commitment to drive positive social change in the UK, Legal & General commissioned this research to draw attention to the health inequalities that are faced by hidden workers in the UK. The correlation between health and wealth has become ever clearer, and the gap in life expectancies between rich and poor is widening. Businesses have a crucial role to play in tackling health inequality; as employers, providers of goods and services, as well as investors and innovators.

Legal & General is a significant buyer of security, reception, cleaning, landscaping and other services, and as such it has consulted with its supply chain partners and is undertaking an extensive review of its existing arrangements. As a result of this research, Legal & General has introduced a series of commitments to reduce health inequalities and improve the quality of life for the 'hidden workforce' across its real estate portfolio.

Legal & General has committed to the following changes across its real estate portfolio:

1. Introduce sick pay policies, without waiting days (currently 3 days until Statutory Sick Pay starts) and at same level as standard pay\*
2. All workers will have access to virtual healthcare services (including GP appointments), using appropriate IT equipment to conduct the appointment in a quiet, private space
3. Death in service benefit as standard

Furthermore, Legal & General is conducting an additional review to ensure it is not simply offering the minimum statutory levels of pay, but is working towards the levels set-out by the Living Wage foundation and ensuring those earning just above the minimum thresholds are not ignored during this current cost of living squeeze.

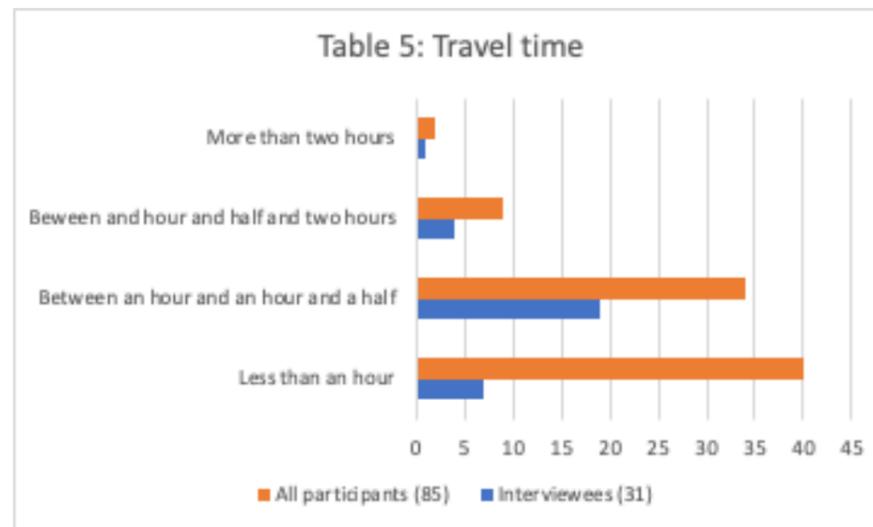
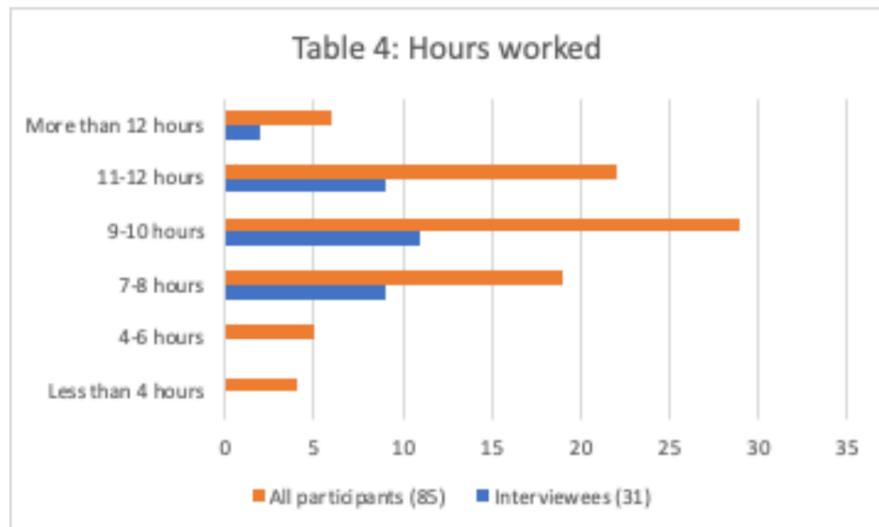
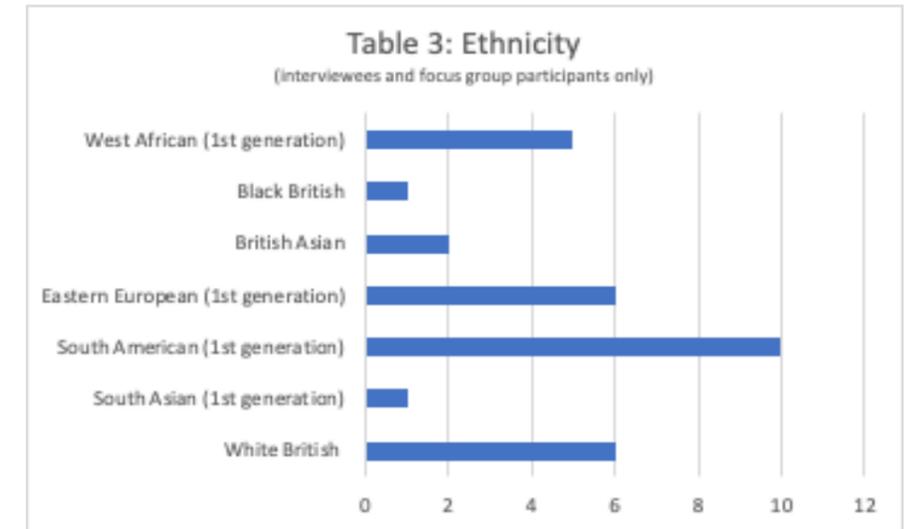
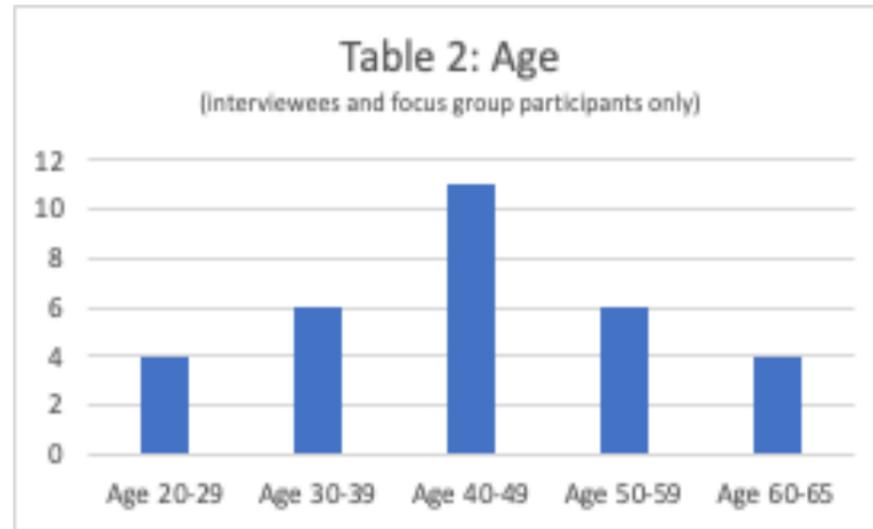
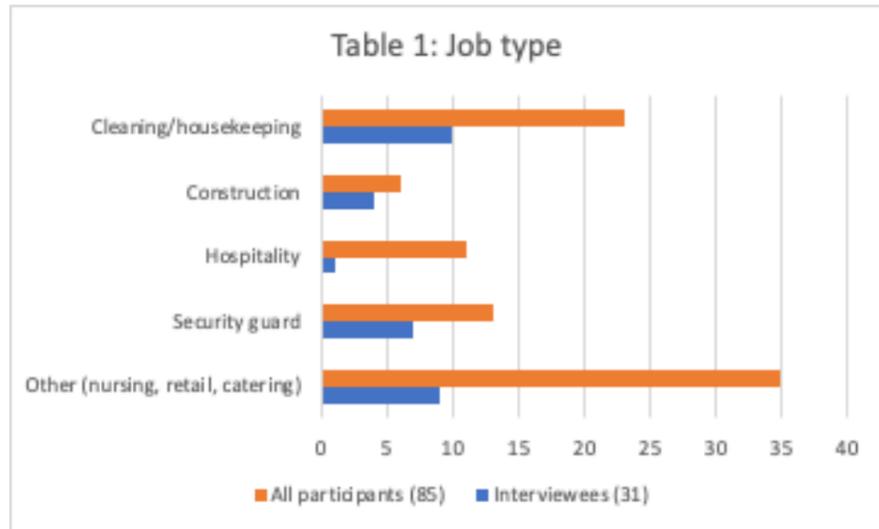
Legal & General has already implemented change across a large portion of its real estate portfolio. Its investment management business, LGIM, which consists of c450 directly managed properties in the UK, has in 2022 already procured over £5 million per annum of security and cleaning contracts in line with these commitments. Further, the following partners have signed up to continue to deliver these changes in partnership with Legal & General during the course of 2023; Andron, Aston Services Group, Bellrock, Churchill, G4S, Mitie, Portico, Regular Cleaning Services, and Wilson James.

Alongside this our group real estate team via Mitie as our Facilities Management provider, has committed to implement these commitments and we will be working with our joint ventures to align in this area. By the end of 2023 we anticipate 90%, by value, of our supply chain partners in the facilities management sector will have adopted these new policies across our Group.

\* Legal & General recognise the impact of these commitments on existing contracts and 3rd party suppliers own employment contracts. We will work closely with them to implement these changes through dialogue and agree consistent policies for the people working to support our businesses.



# 11. Tables





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